

WHAT IS HYPNOSIS ?

- Hynpnogogia –the state that immediately precedes the onset of sleep
- Hypnopompic state—the state that immediately precedes waking from sleep

WHAT IS HYPNOSIS?

Hypnosis has been defined variously, and often simultaneously, as:

- a state
- trait,
- process,
- therapy,
- sociocognitive construct,

and everything we do with those in our care.

(Sugarman, 2015, p. 209-10).

WHAT IS HYPNOSIS ?

The American Psychological Association, Division of Psychological Hypnosis (2014) definition:

Hypnosis: A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion.

 $\textbf{Hypnotic induction:} \ A \ procedure \ designed \ to \ induce \ hypnosis.$

Hypnotizability: An individual's ability to experience suggested alterations in physiology, sensations, emotions, thoughts or behavior during hypnosis.

Hypnotherapy: The use of hypnosis in the treatment of a medical or psychological disorder or concern.

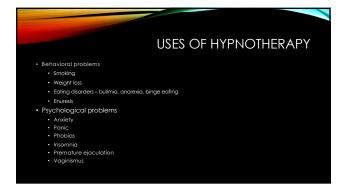
WHAT IS "NOT" HYPNOSIS ?

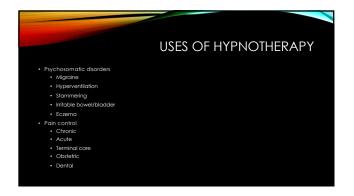
- A person's ability to experience hypnotic suggestions can be inhibited by fears and concerns arising from some common misconceptions.
- Contrary to some depictions of hypnosis in books, movies or television, people who have been hypnotized do not lose control over their behavior.
- They typically remain aware of who they are and where they are, and unless amnesia has been specifically suggested, they usually remember what transpired during hypnosis.
- Hypnosis makes it easier for people to experience suggestions, but it does not force them to have these experiences.

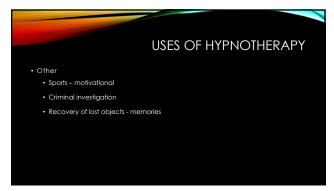
THE TRANCE STATE • Light hypnosis – 90%+ of people experience: • Eye closure • Fluttering lids/REM • Stillness • Breathing slows • Features flatten • Swallowing • Smiling • Bradycardia

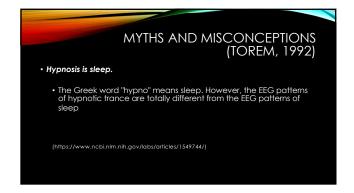
THE TRANCE STATE • Medium hypnosis – 70%+ can experience: • Head drops • Eyelid catalepsy • Flushing or pallor • Responds to suggestions • Feeling of lethargy, heaviness • Some analgesia • IMR (ideomotor response e.g. Finger or arm levitation) • May feel as though in trance

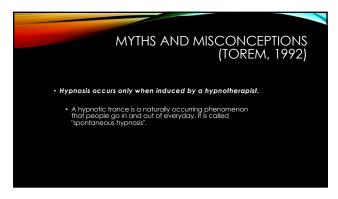
THE TRANCE STATE • Deep hypnosis 20% • Amnesia • Anaesthesia • Out of body dissociation • hallucinations • Trance with eyes open











MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- Only people of weak character can be hypnotized.
 - The opposite has been found to be true. People with severe mental illnesses are associated with a lower hypnotic capacity. In fact, it has been demonstrated that higher hypnotic capacity is a sign of health.

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- Women are more hypnotizable than men.
 - This myth is associated with the outdated notion that women are more weak minded, passive and dependent than men. In fact, women and men are equally hypnotizable.

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- A person can get "stuck" in a trance.
 - In healthy people who do not suffer from a major mental illness, it is impossible to get "stuck" in trance.

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- Once a person has been hypnotized, he/she can no longer resist it.
 - This stems from the belief that the hypnotherapist is in control of the person. In reality, the person can come out of trance anytime they want to. And, they can choose not to go into trance.

MYTHS AND MISCONCEPTIONS (TOREM, 1992)

- A successful hypnotherapist must be unique, charismatic or weird.
 - This myth is perpetuated by stage hypnotists who wish people to believe they
 have magical powers. Success as a hypnotherapist rests more on skills in
 interpersonal communication and the ability to put people in a safe atmosphere
 of comfort.

THE ABILITY TO BE HYPNOTIZED VARIES WITH AGE

- Cross-sectional studies of different age groups show a developmental curve, with very young children relatively unresponsive to hypnosis.
- Longitudinal studies indicate that hypnotizability assessed in college students remains about as stable as IQ over a period of 25 years (Kihlstrom, 2000).

WHO BENEFITS LESS?

- 1. People with abnormally low IQ's (attention and response-time factors)
- Dementia patients (these patients cannot be hypnotised due to problems in prefrontal areas necessary to process induction signals)
- 3. People who score low (9%) on scales of hypnotisability
- 4. People for whom condition brings secondary gains (conscious or unconscious pay-offs)
- 5. People in psychotic states. (Can uncover too much material and therapist can be drawn in to any delusional beliefs)
- 6. People in hypermanic states

CROSS CULTURAL APPLICATION (YEH AT AL 2014)

- There are studies that support responsiveness to hypnosis across cultural groups. A large body of research has examined the extent to which hypnotic suggestibility potentially differs across cultural samples.
- The comparable distribution of hypnotic suggestibility in multiple cultures, ethnic and racial groups supports the idea that hypnotic responses are likely similar across these groups.
- Further, randomized controlled trials of hypnosis that were conducted in ethnically and racially diverse samples have demonstrated that treatment efficacy does not differ as a function of ethnic or racial group identification (Montgomery & Bovbjerg, 2004; Montgomery et al., 2007; Montgomery et al., 2014).

WHAT HAPPENS DURING HYPNOSIS?

- A typical hypnosis session begins with an induction procedure in which the person is asked to focus his or her eyes on a fixation point, relax, and concentrate on the voice of the hypnotist.
- Although suggestions for relaxation are generally part of the hypnotic induction procedure, people can respond positively to hypnotic suggestions while engaged in vigorous physical activity.
- The hypnotist then gives suggestions for further relaxation, or a deepening, with focused attention, and often eye closure.
- After the person's eyes are closed, further suggestions for various imaginative experiences are given.
- Posthypnotic suggestions may also be given for responses to occur after hypnosis has been terminated.

DANGERS?

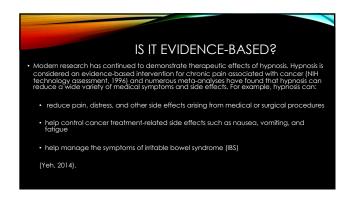
- Controversy exists among the experts, but most stress that hypnosis and hypnotic techniques are safe.
- Considering the number of lay hypnotists practicing on stage and in "hypnosis" clinics, it is amazing how seldom one hears of adverse consequences.

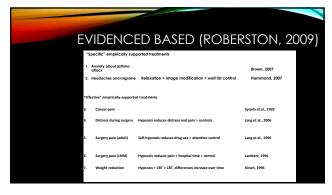
DANGERS?

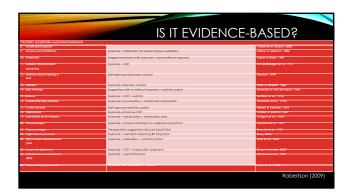
- Additional dangers, to the clinician cited by Crasilneck and Hall include:
 - excessive grandiosity about the potential of hypnosis
 narrowing one's practice to the use of hypnosis
 - narrowing one's practice to the use of hypnosis exclusively
 - psychopathological disturbances, e.g., an amateur hypnotist became obsessed with supposed telepathic experiences
 - having unrealistic expectations.

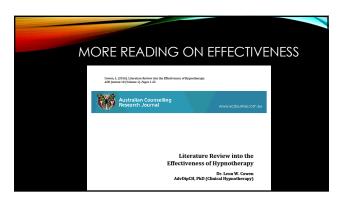
DANGERS?

- These dangers are similar to the dangers faced by other clinicians, particularly psychotherapists.
- They accompany any psychotherapeutic relationship and are most often understood as transference-countertransference reactions.
- In summary, caregivers are not to use hypnosis and/or hypnotic techniques indiscriminately with all patients but can be a valuable tool used within a therapeutic relationship and with a clear understanding of the patient's problem and coping capacities.









Overall, hypnosis remains underused despite evidence supporting its beneficial clinical impact (Yeh et.al., 2014). "... why is hypnosis basically the "crazy cousin that nobody wants at the family picnic"? How is if that we continue to be marginalized by the rest of the helping professions?" (Yapko, 2014).

A FEW SELECT RECENT CASES

- 68/female--giant cell arteritis, OCD, GAD, PTSD—remote control movie theater
- 38/male—smoking cessation and anger management—letting go of resentment
- 44/male—chronic pain, acute pancreatitis, PTSD, divorced—acceptance
- 77/male—chronic pain, arthritis, MDD, death of spouse of 56 years—tying flies
- 59/female—unable to swallow any solid food—daughter murdered
- 22/male—panic disorder/agoraphobia—work in progress



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